

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12957

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Entity Name:** HITCHCOCK'S INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

C/O PHILIP A HITCHCOCK  
2010 BAYSHORE DR  
BELLEAIR BEACH, FL 33786

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PHILIP A HITCHCOCK  
2010 BAYSHORE DR  
BELLEAIR BEACH, FL 33786

**New Mailing Address:**

**FEI Number:** 59-2058504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HITCHCOCK, PHILIP A  
2010 BAYSHORE DR  
BELLEAIR BEACH, FL 33786 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TR  
Name: JULIA J HITCHCOCK  
Address: 2010 BAYSHORE DR  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: P  
Name: HITCHCOCK, PHILIP A  
Address: 2010 BAYSHORE DR  
City-St-Zip: BELLEAIR BEACH, FL 33786

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP A HITCHCOCK

PRES

01/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date